



Arizona WIC Program-Stage 3 Observations



REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

		Notes
Certifier Name		
Participant ID No.		
Category		
Nutrition Assessment (VENA)) (includes Breastfeeding Assessment)		
Assessment Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes	0 1 2 3	
What GHTM tool was used at the beginning of the D part of the assessment?		
Additional notes, if needed:		
Food Benefits		
Food Package tailored appropriately		
Appropriate issuance interval (High Risk, Forgot Documentation)		
Provided authorized food list		
Provided a current list of authorized vendors (if applicable)		
Using the Family Balance Summary, education was provided on the food package.		
eWIC Card Issuance (if applicable)		
Staff instructed the authorized representative(s) how to enter a four digit PIN.		

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

0* 1* 2* 3*

*See Scale Rubric for Arizona WIC appointments

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(PIN number was not shared with staff)		
Staff instructed the authorized representative on PIN security. (not to write the PIN on the eWIC card)		
Staff instructed the authorized representative on how an account can become locked and how to reset the PIN		
Staff instructed the authorized representative(s) on the correct use of card		
Staff instructed the authorized representative(s) on how to shop for WIC approved foods		
Staff instructed the authorized representative(s) on how to determine family benefit balance		
Staff instructed the authorized representative(s) on how to report the eWIC card lost or stolen		
Authorized representative signed signature type "eWIC Card Received" when the eWIC card was issued		
Notes		
<u>Documentation</u>	0 1 2 3	
Uses TGIF note structure appropriately		
Immunizations/Breastfeeding Surveillance		
Immunizations documented correctly (if applicable)		
Breastfeeding surveillance documented correctly (if applicable)		
Customer Service		
Staff logged out of HANDS or locked computer when leaving the workstation		
Clinic environment ensures confidentiality and privacy is maintained		
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used		
Staff focused on the client and not the computer		
Staff informed client of the right to complain/ complaint hotline number		

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0* 1* 2* 3*

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Notes:

Participant Name and ID #	Discussion points with the certifier:
	<p>How do you feel the appointment went?</p> <p>What areas do you feel you do well on?</p> <p>What might you do different next time?</p> 

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